

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		2		1		
34		2		1		
35		2		1		
36		2		1		
37		2		1		
38		2		1		
39		2		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44	1		1			
45	1		1			
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		2		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1		1		
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		3				
TOTAL CLAIMS		48				